

ST PAUL HOME

316 E FOURTEENTH ST

KAUKAUNA 54130 Phone:(920) 766-6020

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 129

Total Licensed Bed Capacity (12/31/04): 129

Number of Residents on 12/31/04: 125

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Nonprofit Church/Corporation

Skilled

Yes

Yes

Yes

126

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years			36.0
Supp. Home Care-Personal Care	Yes					More Than 4 Years			51.2
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0.0	Under 65	1.6				12.8
Day Services	No	Mental Illness (Org./Psy)	31.2	65 - 74	4.0				----
Respite Care	No	Mental Illness (Other)	4.0	75 - 84	27.2				100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	53.6	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.6	Full-Time Equivalent			
Congregate Meals	No	Cancer	3.2		----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	7.2	65 & Over	98.4	-----			
Transportation	Yes	Cerebrovascular	5.6		-----	RNs			12.6
Referral Service	No	Diabetes	6.4	Gender	%	LPNs			5.9
Other Services	No	Respiratory	4.8		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	37.6	Male	25.6	Aides, & Orderlies			
Mentally Ill	No		----	Female	74.4				47.5
Provide Day Programming for			100.0		-----	-----			
Developmentally Disabled	No				100.0	-----			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	3	3.9	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.4
Skilled Care	11	100.0	328	69	89.6	125	0	0.0	0	33	89.2	180	0	0.0	0	0	0.0	0	113	90.4
Intermediate	---	---	---	5	6.5	64	0	0.0	0	4	10.8	180	0	0.0	0	0	0.0	0	9	7.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		77	100.0		0	0.0		37	100.0		0	0.0		0	0.0		125	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	1.8	Bathing	0.0	84.0	16.0	125
Private Home/With Home Health	0.0	Dressing	10.4	84.8	4.8	125
Other Nursing Homes	1.8	Transferring	28.8	66.4	4.8	125
Acute Care Hospitals	87.9	Toilet Use	21.6	71.2	7.2	125
Psych. Hosp.-MR/DD Facilities	0.0	Eating	40.8	57.6	1.6	125
Rehabilitation Hospitals	0.0	*****				
Other Locations	8.5	Continence		%	Special Treatments	%
Total Number of Admissions	165	Indwelling Or External Catheter	4.8		Receiving Respiratory Care	4.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	41.6		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	42.5	Occ/Freq. Incontinent of Bowel	7.2		Receiving Suctioning	0.0
Private Home/With Home Health	5.4				Receiving Ostomy Care	2.4
Other Nursing Homes	0.0	Mobility			Receiving Tube Feeding	0.8
Acute Care Hospitals	10.2	Physically Restrained	0.0		Receiving Mechanically Altered Diets	7.2
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.6	Skin Care			Have Advance Directives	81.6
Other Locations	15.0	With Pressure Sores	3.2		Medications	
Deaths	26.3	With Rashes	11.2		Receiving Psychoactive Drugs	49.6
Total Number of Discharges (Including Deaths)	167					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.7	92.7	1.05	90.2	1.08	90.5	1.08	88.8	1.10
Current Residents from In-County	84.8	84.6	1.00	82.9	1.02	82.4	1.03	77.4	1.10
Admissions from In-County, Still Residing	23.6	20.5	1.15	19.7	1.20	20.0	1.18	19.4	1.22
Admissions/Average Daily Census	131.0	153.0	0.86	169.5	0.77	156.2	0.84	146.5	0.89
Discharges/Average Daily Census	132.5	153.6	0.86	170.5	0.78	158.4	0.84	148.0	0.90
Discharges To Private Residence/Average Daily Census	63.5	74.7	0.85	77.4	0.82	72.4	0.88	66.9	0.95
Residents Receiving Skilled Care	92.8	96.9	0.96	95.4	0.97	94.7	0.98	89.9	1.03
Residents Aged 65 and Older	98.4	96.0	1.03	91.4	1.08	91.8	1.07	87.9	1.12
Title 19 (Medicaid) Funded Residents	61.6	54.6	1.13	62.5	0.99	62.7	0.98	66.1	0.93
Private Pay Funded Residents	29.6	32.6	0.91	21.7	1.37	23.3	1.27	20.6	1.44
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	35.2	37.4	0.94	36.8	0.96	37.3	0.94	33.6	1.05
General Medical Service Residents	37.6	20.2	1.86	19.6	1.92	20.4	1.84	21.1	1.78
Impaired ADL (Mean)	43.5	50.1	0.87	48.8	0.89	48.8	0.89	49.4	0.88
Psychological Problems	49.6	58.4	0.85	57.5	0.86	59.4	0.83	57.7	0.86
Nursing Care Required (Mean)	3.6	7.0	0.52	6.7	0.54	6.9	0.52	7.4	0.48